Effective October 1, 2003									10665731					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OR	OTHER THAN R SMALL ENTITY			
Ľ	OTAL CLAIMS	5 	20					RATE	FEE	7	PATE	F	EE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	77	0.00	
T	OTAL CHARGE	ABLE CLAIMS	20 minus 20=		• –			X\$ 9=		OR	X\$18=			
IN	DEPENDENT (	3 minus 3 =		•		Ì	X43=		1	X86=	-			
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT				ł	4.00	<b>—</b>	OR				
* If the difference in column 1 is less than zero, enter *0" in column 2							L	+145=	200	OR	+290=	_		
CLAIMS AS AMENDED - PART II								TOTAL	385	OR	TOTAL	TW		
_		(Column 1)				(Column 3)		SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA	.[	RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- NAL EE	
Ş	Total	. 20	Minus <sub>.</sub>	-2	9	= j		X\$ 9=	/	OR	X\$18=			
AME	Independent	٠, ٢	Minus	كح.		/	Ī	X43=		OR	X86=		$\overline{I}$	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1	ОЯ	+290=	7	<del>/</del>	
							<b>L</b>	TOTAL DOIT, FEE	~	OR	TOTAL' ADDIT, FEE			
_		(Column 1)		(Colum		(Column 3)				£_, _ '	AUOM. FEE			
AMENDMENT B		CLABMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DDI- NAL EE	
NON	Total	. 20	Minus	- 2	6	= /	Γ	X\$ 9=		OR	X\$18=			
AME	Independent	.3	Minus	3		=/	ı	X43=	/	OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=			
										OR	TOTAL ADDIT, FEE			
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DDI- NAL EE	
2	Total	· 5	Minus	<b>-</b> 2	Ð_	=	Γ	X\$ 9=		OR	X\$18=			
AME .	Independent		Minus	ح		•	T	X43=		OR	X86=			
_1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20."									OR	+290= TOTAL			
	the Mighest Nur	nber Previousty Pai nber Previously Pai ber Previously Paid	d For in the	S SPACE in	less than	3 onler "3"		TOTAL DIT. FEE in the app			DDIT. FEE			
	PTO-875 (Rev. 10)								O' 1/					

Application or Docket Number